PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

ined to re	spond to a collection	or intormation unless it displays a valid	ONID CONTO HUMBE				
Attomey Docket No.		CTW-028					
First Inventor		Masami Tsuruta					
Title		L POWER TOOL WITH IN N DARKNESS	MPROVED				
Evernos Mail Label No		EV 277650210 HS	70,				

(Only for new nonprovisional applications under 37 CFR 1.53(b))	IN DARKNESS O							
Express Mail Label No	EV 377650310 US - 4							
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. ADDRESS	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Comparison Com	ROM or CD-R in duplicate, large table or puter Program (Appendix) e and/or Amino Acid Sequence Submission ble, all necessary) proputer Readable Form (CRF) cation Sequence Listing on: CD-ROM or CD-R (2 copies); or ii. Paper attements verifying identity of above copies CCOMPANYING APPLICATION PARTS COMPANYING APPLICATION PARTS COMPA							
6. X Application Data Sheet. See 37 CFR 1.76								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19. CORRESPONDENCE ADDRESS								
	Correspondence address below							
Name LAHIVE & COCKFIELD, LLP Anthony A. Laurentano								
Address 28 State Street								
City Boston State MA	Zip Code 02109							
Country US Telephone (617) 227-7	7400 Fax (617) 742-4214							
Name (Print/Type) Anthony Ay. Laurentano Registratio	n No. (Attorney/Agent) 38,220							
Signature In the Superior Date February 6, 2004								

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377650310 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Thou Junius (Anthony A. Laurentano)

Dated: February 6, 2004

Signature:

PTO/SB/17 (10-03)
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			Compl te if Known					
FEE TRANSMITTAL			Application Number NEW APPLICATION					
			Filing Date		Concurrently Herewith			
for FY 2004			First Named Inventor					
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			N/A			
TOTAL AMOUNT OF PAYMENT (\$) 810.00	-		_	ket No				
METHOD OF PAYMENT (check all that apply)					CALCULATION (continued)			
Credit Money	-	DOITI	22141		<u> </u>			
Check Card Order Other None 3. ADDITIONAL FEES x Deposit Account:								
Deposit Account 12-0080	Large Fee	Entity Fee	Small Fee	Entity Fee				
Number 12-000	Code	(\$)	Code	(\$)	Fee Description Fee Paid			
Deposit Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge – late filing fee or oath			
Name The Director is authorized to: (check all that apply)		50	2052	25	Surcharge – late provisional filing fee or cover sheet.			
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification			
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
		920*	1804	920*	Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after			
FEE CALCULATION	1251	110	2251	55	Examiner action Extension for reply within first month			
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month			
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month			
Fee Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255		Extension for reply within fifth month			
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1401 1402	330 330	2401 2402	165 165	Notice of Appeal			
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Filing a brief in support of an appeal Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55	Petition to revive – unavoidable			
	1453	1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,330	2501	665	Utility issue fee (or reissue)			
Claims below Fee Paid	1502	480	2502	240	Design issue fee			
Total Claims 12 -20** = x = 0.00	1503 1460	640 130	2503 1460	320 130	Plant issue fee Petitions to the Commissioner			
Claims Unit Dependent Unit Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt			
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection			
1201 86 2201 43 Independent claims in excess of 3		770	2810	385	7 CFR 1.129(a)) or each additional invention to be			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims 1		770	2801	385	xamined (37CFR 1.129(b)) equest for Continued Examination (RCE)			
over original patent	1801 1802	900	1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		of a design application her fee (specify)						
SUBTOTAL (2) (\$) 0.00		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						
**or number previously paid, if greater, For Reissues, see above								
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Anthony A. Laurentano		ration No ey/Agent)		,220	Telephone (617) 227-7400			
Signature Authority hervitate	my	>			Date February 6, 2004			

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Dated: February 6, 2004

Signature:

_ (Anthony A. Laurentano)